



Suffolk County Department of Social Services
FCSA Child Care Bureau
Absent Parent Information Form

Applicant/Recipient Name: _____ **Case #:** _____ (if applicable)

*(Complete **only** if there is a parent who is **NOT** in the household. Fill out a separate section for EACH parent that is missing from the household. Attach additional sheets if needed.)*

Absent Parent's Name _____

Soc Sec # _____ Date of birth _____

Address: _____

Phone Number: (____) _____

Name(s) of Child(ren): _____

Employer's Name: _____

Employer's Address: _____

Work Schedule (enter usual hours worked each day):
____ - ____ Mon; ____ - ____ Tue; ____ - ____ Wed;
____ - ____ Thu ; ____ - ____ Fri
____ - ____ Sat; ____ - ____ Sun

Does absent parent have visitation with child(ren)?
If Yes, When? _____

Does absent parent pay child support: ____ Yes; ____ No

- If No, why not? _____

- If Yes, complete the following:
____ Voluntary? ____ By Court Order? (Attach copy)
Total Support Amount: \$ _____
Frequency: ____ Weekly, ____ Biweekly, ____ Monthly
Support towards Child Care (if specified in court order):
\$ _____

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Soc Sec # _____ Date of birth _____

Address: _____

Phone Number: (____) _____

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Employer's Name: _____

Employer's Address: _____

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